

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	E (An)	11	2/19/01
FORMALTY REVIEW	MH	564 920	03-02-01
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	1/10/01
2	1/10/01
3	1/10/01
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

PA  
 03/10/01